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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* NONB AB

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONB AB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

08/14/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>Bel</u> Initials <u>AB</u>				

## ADDRESS

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## TITLE

Compact removable voice handset for an integrated portable computer system/mobile phone

**FILING FEE RECEIVED**  
1042

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit _____